FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000085580**

GLOBAL CONNECTIONS & PROMOTIONS, INC.

Principal Place of Business
3374 NW 47TH AVE.
COCCULIT OFFER EL 20000

Mailing Address

Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90001 009 ***150.00

FILED



3374 NW 47TH AVE. COCONUT CREEK FL 33063		3374 NW 47TH AVE. COCONUT CREEK FL 33063				DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed 11/06/1995		
2. Principal Pl	ace of Business	2a. Mailing Addre	ss			4. FEI Number		Applied For
21	<u></u>	26				65-0614386		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certifcate of Status Desired	· -	5 Additional Required
22		27						
City & State	•	City & State				6. Election Campaign Financing		00 May Be ted to Fees
23		28		`		Trust Fund Contribution	-	led to rees
Zip	Country	Zip		country		 This corporation owes the current year I Personal Property Tax. 	Trangible Yes	□No
24	25	29	30		_	10. Name and Address of New Registere		
	9. Name and Address of Cu	rrent Registered Agent		81	Name	10. Hame and Madreso S. Herrings		
RFII	, LISA							
	NW 47TH AVE.			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	ONUT CREEK FL 33063			83		-		
					0.1		. 85	Zip Code
				84	City	F		
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florid	a Statutes, the	above	-named o	orporation submits this statement for the purpose	of changin	g its registered
office or re	egistered agent, or both, in the Si m familiar with, and accept the ob	rate of Hiorida Silich chand	e was aurnorz	zeu bv	urie corbor	ation's board of directors. I hereby accept the app		o rogicio.
SIGNATURE	Luc B	iv				2/11/99		
SIGNATORE	Signature, typed of printed name of registered				t signature rec	uired when reinstating) DATE	NO DIDE	CTODE IN 12
12.		S AND DIRECTORS		1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Cha	
TITLE	D			2 NAME				• -
NAME	BELL, LISA				*********			
STREET ADDRESS	3374 NW 47TH AVE.	20			ADDRESS			i
CITY-ST-ZIP	COCONUT CREEK FL 3306	>>		4 CITY-ST 1 TITLE	-249		Cha	nge 🔲 Addition
TITLE				2 NAME				
NAME					ADDRESS			•
STREET ADDRESS				4 CITY-S				
CITY-ST-ZIP TITLE		DE		1 TITLE	1-21-			inge Addition
							☐ Cha	
NAME			3:	2 NAME			∐ Cha	
STREET ADDRESS				2 NAME	ADDRESS		∐ Cna	
OUTS/ OT 71D	•		3.3	3 STREET	ADDRESS		∐ Cha	
CITY-ST-ZIP		□ DE	3.3		1	·	∐ Cha	inge
TITLE		DE	3.3 3.4 3.EFFE 4.	3 STREET	1	·		nge Addition
TITLE NAME		□ DE	33. 34. 34. 44.	3 STREET 4. CITY-S .1 TITLE . 2 NAME	T-ZIP			nge Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.3.3.4 4.4.4.1.1.1.1.1.5 5.5.5.5.5.5.5.	3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	T-ZIP TADDRESS T-ZIP TADORESS		☐ Cha	unge· ☐ Addition

CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NTED NAME OF SIGNING OFFICER OR DIRECTOR